

# THE SCHEDULE

[See regulation 12 of SEBI [Central Database of Market Participants] Regulations, 2003]

## FORM A

### Application Form / Form for intimating changes – Natural Persons

This application has three parts, Part A, B and C. Part B is to be filled in by employee of an Intermediary registered with SEBI.

(For use by POS only)	Application Fee : Rs. _____ (Demand drafts only)
TIN :	Drawn on Bank
Data Uploaded on: __/__/____	DD No. Payable at

Please fill in BLOCK LETTERS. Please tick relevant boxes wherever option is provided.

<input type="checkbox"/> FIRST APPLICATION	<input type="checkbox"/> AMENDMENT	Unique identification number	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
			(Please provide in case of amendment only)										

### PART A – PERSONAL DETAILS

Gender: ☐ Male ☐ Female Date of Birth: 

Day		Month	Year

First Name	Mr./ Mrs./ Ms.
Middle name	
Last name	

(Name as written above will appear on the identity card)

Father's/ Husband's Name	Mr.
Mother's Name *	Mrs.
PAN No.	Note: Please provide copy of PAN Card

\* - Please write First name only. For example, if mother's full name is 'Girija Ramlal Mehra', please write only 'Girija'

#### Address:

House No./Apt Name/Block No								
Road/Street/Lane								
Area								
City/Post/Taluka	PIN <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

Telephone: Office/Residence 

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 STD Code 

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 Telephone Number

I hereby submit copies of the following documents as proof of my identity and address. (Original documents should be brought for verification to POS at the time of submitting application form)

#### Proof of Identity

<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> PAN Card with Photograph	<input type="checkbox"/> Voter Id	<input type="checkbox"/> Photo Identity Card issued by Employer registered under MAPIN
Please provide details of document submitted	Document No.	Place of issue	Date of Issue	
				d d m m y y y y

**Proof of Address**

- ☐ Passport   ☐ Voter Id   ☐ Driving License   ☐ Bank Passbook   ☐ Rent Agreement   ☐ Ration Card  
☐ Flat Maintenance Bill   ☐ Telephone Bill   ☐ Electricity Bill   ☐ Certificate issued by employer holding unique identification number   ☐ Insurance Policy

Please provide details of document submitted	Document No.	Place of Issue	Date of Issue							

d d m m y y y y

**Declaration**

- ☐ I have not applied for unique identification number earlier and I am applying for the first time.  
**OR**  
☐ I have applied for registration earlier and unique identification number has been allotted to me. This application is for intimation of changes in the information given earlier.

I declare that I am applying for unique identification number in my capacity as \_\_\_\_\_. I certify that the information given by me in this form is true and correct.

<b>Signature:</b>		
<b>Date:</b>	<b>Signature of Applicant</b> (To be signed in black ink in presence of Registration Officer)	<b>Information given above has been verified against original documents presented before me</b> [Signature of Registration Officer]
<b>Place:</b>		

**Acknowledgement****PART - I**

<input type="checkbox"/> <b>FIRST APPLICATION</b>	<input type="checkbox"/> <b>AMENDMENT</b>	<b>Unique identification number</b>	<input type="text"/>
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(Please provide in case of amendment only)

(For use by POS only)

TIN :

We acknowledge receipt of the application form together with fee. The identity card can be collected on date mentioned below.

d	d	m	m	y	y	y	y

**Date:**

**POS Seal and Signature**

## **PART B**

### **TO BE FILLED IN BY DIRECTORS / PARTNERS / PROPRIETORS / PERSONNEL OF SPECIFIED INTERMEDIARIES**

Employer's unique identification number									
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Employee Joining Date

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Day

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Month

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Year

#### **Qualifications**

Qualifications	Issuing Authority	Valid upto (Date) (If Applicable)				

Month                      Year

#### **Training Information**

Name of Training Program	Conducted by	From Date								To Date							

d d m m y y y y      d d m m y y y y

Whether this person is appointed as <b>Compliance Officer</b> ?	Yes / No	If Yes, please provide Intermediary Type(s)*															
		1)															
		2)															
		3)															

\* Intermediary type means the type of registration obtained from SEBI. For e.g. 'Merchant Banker - Category I' or 'Registrar & Transfer Agent- Category II'. Please mention complete description if intermediary type is stockbroker/ sub-broker. For e.g. 'Stock Broker – XYZ Stock Exchange' or 'Sub-broker – XYZ Stock Exchange'.

#### **Declaration:**

On behalf of \_\_\_\_\_, we hereby confirm that we have verified the details given under Part A and Part B with relevant original documents and are satisfied that the details furnished are in accordance with the documents verified.

#### **Employer's Authorised Signatory**

Name	Designation	Signature
	Compliance Officer	
	Whole time Director	

## PART C

### **Form for establishing Association / Dissociation**

[**Note:** (1) This form is to notify association/ dissociation between individuals and corporates in various roles as defined under SEBI (Central Database of Market Participants) Regulations, 2003. This form has to be submitted after the Unique ID No. has been allotted to Company/ Intermediary. (2) Please submit separate forms for association and dissociation]

☐**Request For Association**☐**Request For Dissociation**

<b>Name of the Applicant</b>								
<b>Unique identification number</b>								

(not to be filled if submitted with Part A & Part B)

I notify the association/dissociation between me and the entities listed here below, as per the details given below.

Name of the Body Corporate / other person	Unique identification number of the Body Corporate	Relationship (Refer Note 1 & 2)	Type Of Intermediary (Refer Note 3)

**Notes:**

1. Relationships specific to specified Listed Company are – Associate, Compliance Officer, Director, Managing Director/Whole Time Director, Promoter, Designated Employee, Subsidiary/Holding Company and Relatives of above.
2. Relationships specific to Intermediary are - Associate/Asset Management Company, Director, Managing Director/Whole Time Director/Partner/Proprietor, Promoter/Sponsor, Personnel, Compliance Officer, Office Bearer of Investor Association and Relatives of above.
3. Please mention 'Type of Intermediary' if the role selected is Compliance Officer of Intermediary.
4. Please attach additional sheets containing the details in the above stated format if required. Additional sheet should be duly signed.

#### **Declaration**

I declare and state that the information given by me in this form is true and correct. I undertake to inform the designated service provider of any changes in the information provided by me.

<b>Date:</b>	<b>Signature of Applicant</b>
<b>Place:</b>	

## Acknowledgement

### PART C

#### **Form for Establishing Association / Dissociation**

☐ Request For Association

☐ Request For Dissociation

TIN :

Unique identification number									
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(not to be filled if submitted with Part A & Part B)

We acknowledge the receipt of application form. The relationship as applied for will be established by  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Registration Officer and Seal**

## FORM B

### Application Form / Form for intimating changes – Bodies Corporate, Intermediaries and other persons

[Note: All persons mentioned in regulation 12(2) shall fill up Part A & Part C. If applicant is specified intermediary, it shall fill up Part A, B & C of this form]

(For use by POS only)		Application Fee – Rs. --- (Demand drafts only)	
TIN ID:		Drawn on Bank	
Data Uploaded on: __/__/____		DD No.	Payable at

### PART A

<input type="checkbox"/> FIRST APPLICATION	<input type="checkbox"/> AMENDMENT	Unique ID No.	
		(Please provide in case of amendment only)	

Organisation Name (Name written here will appear on the identity card)										
Short Name										

Previous Names (if any)	Effective Date
1)	
2)	
3)	
4)	
5)	

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#### Form of Organisation as on the date of this application (Please tick only one)

<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Company Limited by Guarantee
<input type="checkbox"/> Scheduled Commercial Bank	<input type="checkbox"/> Urban Bank	<input type="checkbox"/> Co-operative Bank
<input type="checkbox"/> Registered Trust	<input type="checkbox"/> Unregistered Trust	<input type="checkbox"/> Proprietorship
<input type="checkbox"/> Registered Partnership Firm	<input type="checkbox"/> Unregistered Partnership Firm	<input type="checkbox"/> Non-Banking Finance Company
<input type="checkbox"/> Registered Society	<input type="checkbox"/> Unregistered Society	

**Note:** Entities registered with the Registrar of Companies should tick any of the company options or the NBFC option.

Registration No.		Registration/ Formation Date	
		d d m m y y y y	

State of Registration		Head Office City	
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**Note:**

- (i) Copy of the registration document/partnership deed/trust deed may be submitted.
- (ii) Original documents will be verified by Registration Officer at the time of submitting application form.

Sr.	Stock Exchange on which the company is listed (if applicable)
1	
2	
3	
4	

**Address for Communication:** (Mailing address to be used by SEBI)

<b>House No./Apt Name/Block No:</b>										
<b>Road/Street/Lane:</b>										
<b>Area:</b>										
<b>City/Post/Taluka:</b>										

**Telephone:**

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STD Code

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Telephone Number

**Proof of Address** (Please Tick)

- ☐ Copy of Income Tax Return
 ☐ Bank Statement
 ☐ Leave & License Agreement
 ☐ Sale Agreement  
☐ ROC Registration Certificate

Please provide details of document submitted	Document No.	Place of Issue	Document Date															
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									d	d	m	m	y	y	y
d	d	m	m	y	y	y	y											

**Declaration**

On behalf of \_\_\_\_\_, we hereby confirm the following:

- ☐ We have not applied for unique identification number under this application earlier and we are applying for the first time.  
**OR**  
☐ We have applied for registration earlier and unique identification number has been allotted to us. This application is for intimation of changes in the information given earlier.

We declare that this application is made in the capacity of the applicant as a \_\_\_\_\_. We certify that the information given in this form is true and correct.

**Authorised Signatory**

Name	Designation	Signature
	Company Secretary/ Auditor	
	Whole Time Director/ Managing Trustee/ Managing Partner/ Proprietor	

**Place:****Date:****Acknowledgement****Part – A**

<input type="checkbox"/> <b>FIRST APPLICATION</b>	<input type="checkbox"/> <b>AMENDMENT</b>	<b>Unique identification number</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

(Please provide in case of amendment only)

(For use by POS only)

TIN :
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We acknowledge the receipt of application form together with fee. Please collect the identity card on date mentioned below.

d	d	m	m	y	y	y	y

**Date:****POS Seal and Signature**

## **PART B**

### **DETAILS TO BE PROVIDED IF THE APPLICANT IS A SPECIFIED INTERMEDIARY**

Networth (Rs. in lakh rounded off to the nearest lakh)										
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As on year ended \_\_/\_\_/\_\_

Intermediary Type #	SEBI Registration No.	SEBI Registration Date							

d d m m y y y y

# Please write from the list below. In case space is not sufficient, please attach additional sheets containing the details in the above stated format. Additional sheet may be printed on letterhead of the organisation and duly signed. In case of multiple SEBI registrations, please mention each separately.

Sr	Type of Intermediary	Sr	Type of Intermediary
1	Banker to Issue	12	Portfolio Manager
2	Clearing Corporation	13	Registrar & Transfer Agent Category - I
3	Collective Investment Scheme	14	Registrar & Transfer Agent Category - II
4	Credit Rating Agency	15	SLS Approved Intermediary
5	Custodian	16	Stock Broker *
6	Debenture Trustee	17	Stock Exchange
7	Depository	18	Sub Broker **
8	Depository Participant	19	Underwriter
9	Investor Association (SEBI Recognised)	20	Venture Capital Fund
10	Merchant Banker Category – I		
11	Mutual Fund		
* In case of Stock Brokers, please mention in the following format 'Stock Broker – XYZ Stock Exchange'		** In case of Sub- Brokers, please mention in the following format 'Sub Broker – XYZ Stock Exchange'	

### **Declaration**

On behalf of \_\_\_\_\_, we hereby declare and state that the information given in this form is true and correct.

### **Authorised Signatory**

Name	Designation	Signature
	Compliance Officer	
	Whole Time Director	

(for use by POS only)

It is hereby confirmed that the above information is verified with the original documents submitted and found to be in accordance with such documents.

**Signature of Registration Officer:**

**Seal:**



## PART C

### Form for Establishing Association / Dissociation

[**Note:** (1) This form is to notify association/ dissociation between intermediary/listed company/investor with related persons and such other persons as is required under these regulations. This form has to be submitted after the unique identification number has been allotted to Company/ Intermediary. (2) Please submit separate forms for association and dissociation]

☐**Request For Association**☐**Request For Dissociation**

<b>Name of the Applicant</b>								
<b>Nature of the Applicant</b>	<b>Intermediary / Listed Company / Other Corporate</b>							
<b>Unique identification number</b>								

We notify the association/dissociation between our organisation and the entities listed here below, as per the details given below.

NAME	Unique ID No.	Relationship (Refer Note 1 & 2)	Type Of Intermediary (Refer Note 3)

**Notes:**

1. Relationships specific to specified Listed Company are – Associate, Compliance Officer, Director, Managing Director/Whole Time Director, Promoter, Designated Employee, Subsidiary/Holding Company and Relatives of above.
2. Relationships specific to specified Intermediary are - Associate/Asset Management Company, Director, Managing Director/Whole Time Director/Partner/Proprietor, Promoter/Sponsor, Personnel, Compliance Officer, Office Bearer of Investor Association and Relatives of above.
3. Please mention ‘Type of Intermediary’ if the role selected is Compliance Officer of Intermediary. A complete list of intermediaries is given in Part B of the application form.
4. Please attach additional sheets containing the details in the above stated format if required. Additional sheet may be printed on letterhead and duly signed.

**Authorised Signatory**

Name	Designation	Signature
	<b>Compliance Officer</b>	
	<b>Whole time Director</b>	

**Acknowledgement**

**PART C**

**Form for Establishing Association / Dissociation**

☐ Request For Association

☐ Request For Dissociation

Unique identification number									
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We acknowledge the receipt of application form. The relationship as applied for will be established by  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Registration Officer and Seal**

[ Advt.III/IV/69-ZB/2003/Exty. ]

**G.N.BAJPAI  
CHAIRMAN**